

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 688
Registered No. 139

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 27 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cipriana Huerta

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth McH. 31-1927
Month Day Year

8. FATHER
Full name Jesus Huerta
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Mexico City
(State or country) Mex.
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Lucia Torres
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Iepatilan
(State or country) Mex.
19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____ (c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 9 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Eyrl M. Brown
Miami, Arizona
(Physician or midwife).

Given name added from a supplemental report _____

Address _____
Month, day, year Apr 12, 1927
Filed le E Davis Registrar

Registrar

481-331-332

WRITE IN INK. RETURN PERMANENTLY. In case of more than one child at a birth, a SEPARATE REPORT must be made for each, and the number of each in order of birth stated.